Effective December 29, 1999														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTI	TY	OR	OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA		Γ	RATE	FE	Ε		RATE	FEE
BASIC FEE										345	.00	OR	4	690.00
TOTAL CLAIMS			minus 20=			· >			X\$ 9=	15	3	OR	X\$18=	34
INDEPENDENT CLAIMS			لي	minus 3	3 =	. 3			X39=	5	8	OR	X78=	234
MULTIPLE DEPENDENT CLAIM PRESENT								Ī	+130=			OR	+260=	:
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	49	(1)	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL			OR	OTHER SMALL		
AMENDMENT A		REM.	AIMS AINING TER IDNENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE
LDME	Total	.50		Minus	**(	22	= 0		X\$ 9=	14	Ag	OR	X\$18=	
ME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		Minus *		<u> </u>	=	X39=			-	OR	X78=	
/	FIRST PRESEN	ITATIC	N OF ML	ILTIPLE DEP	PEN	DENT CLAIM		T	+130=			or	+260=	
								L	TOTAL		0		TOTAL ADDIT. FEE	
		(Col	umn 1)		((	Column 2)	(Column 3)	А	DDIT. FEE	+		1	ADDII. PEEI	
AMENDMENT B		CL REM Al	AIMS IAINING FTER			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE
	Total	*	*	Minus	**	30	=-B		X\$ 9=	*		OR	X\$18=	
	Independent	. 6		Minus *		* (O	= (2)	Ī	X39=			OR	X78=	
	FIRST PRESE	VIAIR	ON OF MU	JLTIPLE DEF	EN	DENT CLAIM			+130=			OR	+260=	
_ ا								L	TOTAL			OR	TOTAL ADDIT. FEE	
1	CE	(Col	umn 1)	<u></u>	(	Column 2)	(Column 3)	^						
AMENDMENT C		CL REM	AIMS IAINING FTER NDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	AD TIO			RATE	ADDI- TIONAL FEE
	Total	. <	15	Minus	**	38	= 7		X\$ 9=	65		OR	X\$18=	
REP	Independent	*	6	Minus	*	<u> </u>	=	ŀ	X39=	1		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<del>                                     </del>		1	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
FORM PTO-875 7 6 7 1/2 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE (Rev. 12/99) 2 10.S. GPO: 2000-463-433/29044														

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/534509

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	}					RATE	FEE	٦	RATE	FEE		
F	DR		NUMBER	FILED	NUMBER EXTRA		BASIC FE	E 355.00	OR	BASIC FEE	710.00		
TO	OTAL CHARGE	ABLE CLAIMS	mi	nus 20=	*		X\$ 9=		OR	X\$18=			
INI	DEPENDENT C	LAIMS	m	inus 3 =	*		X40=		OR	X80=	<u> </u>		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=			
* If the difference in column 1 is less than zero, ente					"0" in o	column 2	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							SMALL	OTHER TH SMALL ENTITY OR SMALL ENT					
AMENDMENT A		CLAIMS REMAINING · AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 54	Minus	54	/	=	X\$ 9=		OR	X\$18=			
	Independent	* * * * * * * * * * * * * * * * * * *	Minus	PENDENT	CLAIM	=	X40=		OR	X80=			
<b>L</b>	111101171202	errization of two		CNDENT	OLAIM		+135=		OR	+270=			
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
	Discharge	(Column 1)	Sanita dan sana mataran A	(Colur		(Column 3)			<del>-</del> .				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDI	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***		=	X40=		OR	X80=			
<u> </u>	FIRST PRESE	NTATION OF MU	JUNPLE DEF	PENDENT	CLAIM		+135=		OR	+270=			
							TOTAL			TOTAL			
	:	(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. FEE			ADDIT. FEE			
AMENDMENT C	. T	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=	X40=		OR	X80=			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		.105		İ				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													